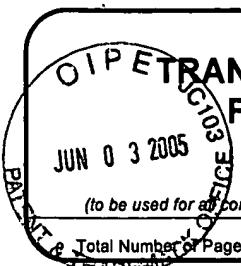


1648
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 <p>TRANSMITTAL FORM</p> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/929,782
		Filing Date	August 13, 2001
		First Named Inventor	Ralston et al.
		Art Unit	1648
		Examiner Name	Hill, Myron G.
Total Number of Pages in This Submission	16	Attorney Docket Number	PP000154.0206 (2300-0154.01)

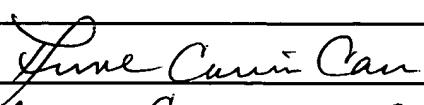
ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check for \$1200 Return Postcard		
	<input type="checkbox"/> Terminal Disclaimer			
	<input type="checkbox"/> Request for Refund			
	<input type="checkbox"/> CD, Number of CD(s) _____			
	<input type="checkbox"/> Landscape Table on CD			
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.			

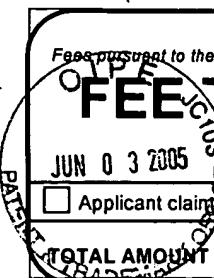
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Chiron Corporation		
Signature			
Printed name	Roberta L. Robins		
Date	6/1/05	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	ANNE CURRIER CARR	Date	JUNE 1, 2005

 <p>Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEETRANSMITTAL</p> <p>JUN 03 2005 For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Complete if Known <table border="1"> <tr> <td>Application Number</td> <td>09/929,782</td> </tr> <tr> <td>Filing Date</td> <td>August 13, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Ralston et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Hill, Myron G.</td> </tr> <tr> <td>Art Unit</td> <td>1648</td> </tr> <tr> <td>Attorney Docket No.</td> <td>PP000154.0206 (2300-0154.01)</td> </tr> </table>		Application Number	09/929,782	Filing Date	August 13, 2001	First Named Inventor	Ralston et al.	Examiner Name	Hill, Myron G.	Art Unit	1648	Attorney Docket No.	PP000154.0206 (2300-0154.01)
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Art Unit	1648														
Attorney Docket No.	PP000154.0206 (2300-0154.01)														
TOTAL AMOUNT OF PAYMENT (\$ 1200.00)															

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order None Other (please identify): _____
- Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

360

180

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
-20 or HP = _____ x _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20						

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

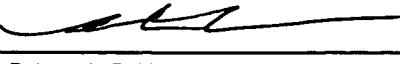
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

\$180.00

Information Disclosure Statement	\$180.00
Other: Petition to Extend Time for Three Months	\$1020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone (510) 923-2969
Name (Print/Type)	Roberta L. Robins	33,208	Date 6/10/05